

CDC Daily Key Points
Coronavirus Disease 2019 (“COVID-19”) Pandemic
March 30, 2020 as of 10:20pm

Updated text is shown in colored text.

SNAPSHOT

- CDC has reported:
 - 140,904 confirmed and presumptive positive cases of COVID-19
 - 2,405 COVID-19-related deaths
 - All 50 states, the District of Columbia, Puerto Rico, Guam, the Northern Mariana Islands, and the U.S. Virgin Islands have reported cases of COVID-19

MAIN KEY POINTS

- On March 29, President Trump extended the nation’s Slow the Spread campaign until April 30.
 - The initiative, initially launched on March 16 as [15 Days to Slow the Spread](#), lays out guidelines for a nationwide effort to slow the spread of COVID-19.
 - It calls for the implementation of measures to increase social distancing between people at all levels of society.
 - This is a massive proactive, preventive response to COVID-19. It aims to slow the spread and blunt the impact of this disease on the United States.
- All segments of U.S. society have a role to play at this time:
 - People across the country are asked to stay home as much as much as possible and otherwise practice social distancing.
 - This includes [canceling or postponing gatherings of more than 10 people](#) and closing schools in some areas as determined by local and state governments.
 - It also includes special measures to protect those people who are most vulnerable to this disease.
 - People who are sick are asked to follow CDC [guidance on recovering at home](#) and follow the new guidance for when [it’s OK to interact with other people again](#).
- There is no vaccine to protect against COVID-19 and no medications approved to treat it.
- There is a body of evidence—based on about 200 journal articles—that supports the effectiveness of social distancing measures, both when used alone and in combination with other measures.
 - Much of this data is outlined in CDC’s [Community Mitigation Guidelines to Prevent Pandemic Influenza — United States, 2017](#).
 - These recommendations work better when implemented in concert.
- While the new guidelines are recommended for the 15-day period ending March 30, government leaders will continually reassess the status of the outbreak in the United States. It may be that these measures will need to be modified or extended for additional periods of time.
- This is a historic, unprecedented outbreak, the likes of which have not been seen since the [influenza pandemic of 1918](#).
- The White House Task Force on Coronavirus has established www.coronavirus.gov as the centralized website for the Federal government.
 - CDC continues to maintain www.cdc.gov/covid19.

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SITUATION UPDATE

- 140,904 reported cases of COVID-19 have been detected in all 50 states, District of Columbia, Puerto Rico, Guam, the Northern Mariana Islands, and the U.S. Virgin Islands.
- 2,351 of these cases occurred through close contact with another case.
- 886 cases occurred in people who had traveled to international areas with sustained (ongoing) transmission and among their close contacts.
- 137,667 cases are either still being investigated to determine the source of exposure, or have an unknown source of exposure and are therefore assumed to be a result of community spread.
- The number of cases of COVID-19 being reported in the United States is rising quickly.
 - Early on, most cases in the United States were among travelers returning from affected countries or close contacts of people who had COVID-19.
 - Now, more and more cases are resulting from community spread where the source of the exposure is unknown.
- As of March 30, 45 U.S. states and 1 U.S. territory report some community spread of COVID-19. Of those, 16 states report COVID-19 cases are “widespread.” See [CDC’s map](#) to stay up to date on what is happening in your state.
 - State and territorial health departments are reporting whether they have community spread of COVID-19 and characterizing the level of community transmission in their jurisdiction. CDC classifies these reports into one of four categories:
 1. “Yes, widespread” (widespread community transmission across several geographical areas);
 2. “Yes, defined area(s)” (distinct clusters of cases in a, or a few, defined geographical area(s));
 3. “Undetermined” (1 or more cases, but not reported as “Yes” to community transmission); or
 4. “N/A” (no cases).
- More cases of COVID-19 are likely to be identified in the United States in the coming days, including more instances of community spread.
 - CDC expects that widespread transmission of COVID-19 in the United States will occur.
 - In the coming months, most of the U.S. population will be exposed to this virus.
 - CDC expects more illnesses, hospitalizations, and deaths from COVID-19 will continue to occur.
- As COVID-19 activity continues to increase, it will be possible to track activity using some existing surveillance systems that track respiratory illnesses, including flu.
- CDC’s most recent [FluView](#) showed that the percent of specimens testing positive for influenza at clinical laboratories is decreasing. At the same time, levels of influenza-like-illness (ILI)—as measured by people seeking care for fever, cough, and sore throat—increased for the second week in a row after declining for three weeks.
 - This means that more people are seeking care for respiratory illness than usual at this time of year and that the increase is not due to increasing influenza activity.
 - There are likely multiple factors that contribute to this increase. These may include concern over COVID-19 causing people to seek treatment for respiratory illness when

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they otherwise would not have, delayed or cancelled visits for routine healthcare, and the ILI surveillance system picking up COVID-19 illness activity.

- CDC and partners that collaborate on surveillance are adapting many of the surveillance systems that routinely collect information on viruses, illnesses, hospitalizations and deaths to better track COVID-19.
 - They are additionally creating new systems to track COVID-19.
 - All sources of information will be made available in one place on the web to facilitate tracking of COVID-19
 - The agency plans to roll out COVID-19 surveillance data on the website this week.
- As of March 29, 94 state and local public health labs in 50 states, the District of Columbia, Guam, and Puerto Rico verified they are successfully using COVID-19 diagnostic tests. See [map showing which states and territories have one or more laboratories that have successfully verified and are currently using COVID-19 diagnostic tests](#).
- As of March 30, CDC and local and state public health laboratories had tested a total of 133,444 specimens.
- Private laboratories are increasing their testing capacity. In addition to the approximately 2,500 tests per day currently done nationally, it is projected that:
 - Roche will increase their capacity up to 10,000 tests per day by end of this week
 - BioReference will increase their capacity by an additional 3,000 tests per day.
- In addition, the [U.S. Food and Drug Administration](#) has issued a number of Emergency Use Authorizations for commercial manufacturers to develop other COVID-19 tests, including a point-of-care test that could deliver results in as short as 30 minutes.

COVID-19 IN LONG-TERM CARE AND SKILLED NURSING FACILITIES

- An MMWR report titled [“Asymptomatic and Pre-symptomatic SARS-CoV-2 Infections in Residents of a Long-Term Care Skilled Nursing Facility — King County, Washington, March 2020”](#) was published on March 27, 2020.
 - The study assessed the effectiveness of screening for symptoms to detect COVID-19 in 76 residents of a skilled nursing facility in King County, Washington.
 - The study found that among the 23 residents (30%) who tested positive, more than half (13 or 56.5%) did not have symptoms.
 - The majority of those patients (10) went on to develop symptoms (referred to as pre-symptomatic), but some (3) did not develop symptoms during their infection (asymptomatic).
- All patients (symptomatic, pre-symptomatic, and asymptomatic) had high viral loads at the time their specimens were collected, raising concern about asymptomatic transmission in this population.
- Study findings suggest that screening for symptoms in this population of older adults likely will miss some cases of COVID-19.
- Older people and people with long-term health problems are at higher risk of getting very sick from COVID-19.

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- CDC recommends that during a local COVID-19 outbreak, long-term care facilities take proactive steps to prevent introduction of this illness into the facility, including restricting visitors and limiting contact between staff and patients.
- If a case of COVID-19 is detected in a facility, CDC recommends even stronger measures to prevent further spread.
- This report and other recent studies from other countries raise concerns that people who are infected but do not have symptoms likely play an important role in the spread of COVID-19.
- CDC is reviewing its existing guidance in light of the finding on pre-symptomatic and asymptomatic infection with COVID-19.

CDC GUIDANCE UPDATES

- In recent days, CDC has posted a number of new and updated resources including—
 - Updated [Healthcare Professionals: Frequently Asked Questions and Answers](#)
 - Updated [Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease \(COVID-19\)](#)
 - [Resources for Correctional and Detention Facilities](#)
 - [Disinfecting Your Home if Someone Is Sick](#)
 - [Statement on Self-Quarantine Guidance for Greater New York City Transportation and Delivery Workers](#)
 - [Screening and Triage at Intake: Screening Dialysis Patients for COVID-19](#)
 - [Dental Settings: Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response](#)
- CDC is now rolling out information in four languages—[Spanish](#), [Simplified Chinese](#), [Vietnamese](#), and [Korean](#)—on its website. More pages will be translated in the coming weeks.
- On March 25, 2020, CDC posted a new [Personal Protective Equipment \(PPE\) Burn Rate Calculator](#).
 - This tool is a spreadsheet-based model that provides information for healthcare facilities to plan and optimize the use of PPE for response to COVID-19.
 - To use the calculator, enter the number of full boxes of each type of PPE that you have in stock (e.g., gowns, gloves, surgical masks, respirators, and face shields).
 - The tool then calculates the average consumption rate, also referred to as a “burn rate,” for each type of PPE entered in the spreadsheet.
 - This information can then be used to estimate the remaining supply of PPE based on the average consumption rate.
 - CDC designed the tool to help healthcare and non-healthcare systems, such as correctional facilities, track how quickly PPE will be used at those facilities.
- On March 25, CDC posted guidance for [Alternative Care Sites: Infection Prevention and Control Considerations for Alternative Care Sites](#).
 - This guidance proposes two tiers of ACS:
 - A tier one ACS houses a cohort of patients who need limited monitoring and can care for themselves (i.e., do not need assistance with medications or activities of daily living). These patients could be housed in a dedicated hotel or

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- dormitory— in their own rooms with their own bathroom—meant for this purpose.
 - A tier two ACS houses a cohort of patients who require some level of assistance (e.g., help with activities of daily living or medications) and who need a closer level of monitoring than patients in tier one. These patients may be better cared for in a facility that has an open layout (e.g., school gymnasium) to allow a limited numbers of healthcare personnel to more easily monitor their status.
- On March 25, CDC posted updated guidance on [specimen collection and transport for COVID-19 testing](#).
 - CDC laboratories have been researching ways to make testing for COVID-19 easier to conduct. CDC has also been in contact with other laboratories doing the same.
 - This guidance is informed by this research and the laboratory findings. It allows more flexibility in obtaining specimens for COVID-19 diagnosis.
 - When collecting a nasopharyngeal (NP) swab is not possible, the new guidance allows for a nasal swab specimen to be used instead.
 - A nasal swab specimen is easier to collect and less unpleasant for the patient.
 - Nasal swab specimens do not require the healthcare provider to wear the extensive PPE needed when collecting an NP swab.
 - The new guidance allows for people to collect their own nasal swabs under the supervision of a healthcare provider. This further reduces the burden on healthcare staff.
 - FDA guidance now allows for a specimen to be sent in sterile saline when the recommended viral transport medium (VTM) is unavailable. VTM is currently in short supply.
- CDC has issued Travel Health Notices and other travel guidance.
 - On March 27, CDC issued a [Level 3 Global Travel Health Notice](#), advising travelers to avoid all nonessential international travel.
 - On March 28, due to extensive community transmission of COVID -19 in the area, [CDC urged residents of New York, New Jersey, and Connecticut to refrain from non-essential domestic travel for 14 days effective immediately](#).
- A [recent MMWR](#) reported that SARS-CoV-2 RNA was found on surfaces in cruise ship cabins up to 17 days after the *Diamond Princess* cabins were vacated. The RNA was found before the cabins were disinfected.
 - Live, infectious virus was NOT found. This finding does not indicate that SARS-CoV-2 was transmitted from these surfaces.
 - The most comprehensive studies to date show that infectious SARS-CoV-2 virus can survive only for up to 72 hours on plastic and steel, and up to 24 hours on cardboard.

WHAT YOU CAN DO

- Everyone can do their part to help respond to this emerging public health threat:
 - [The White House Task Force on Coronavirus is asking Americans to Slow the Spread through April 30.](#)

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- This is a nationwide effort to slow the spread of COVID-19 through the implementation of social distancing at all levels of society.
 - CDC developed print resources to promote this message, including a [Stay at home if you are sick!](#) poster.
- Older people and people with severe chronic conditions should [take special precautions](#) because they are at higher risk of developing serious COVID-19 illness.
- If you are a healthcare provider, use your judgement to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Factors to consider, in addition to clinical symptoms, may include:
 - Does the patient have recent travel from an [affected area](#)?
 - Has the patient been in close contact with someone with COVID-19 or patients with pneumonia of unknown cause?
 - Does the patient reside in an area where there has been community spread of COVID-19?
- If you are a healthcare provider or a public health responder caring for a COVID-19 patient, please take care of yourself and follow recommended [infection control procedures](#).
- CDC and federal partners recommend that people postpone routine medical or dental care at this time. This will help to reduce the burden on the healthcare system.
 - If you cannot postpone medical treatment, call your provider before visiting to see if they offer consultations by phone or telemedicine.
- People who get a fever or cough should consider whether they might have COVID-19, depending on where they live, their travel history, or other exposures.
 - [More than half of the United States](#) is seeing some level of community spread of COVID-19.
 - [Testing for COVID-19](#) may be accessed through medical providers or public health departments, but there is no treatment for this virus.
 - Most people have mild illness and are able to [recover at home without medical care](#).
- For people who are ill with COVID-19, but are not sick enough to be hospitalized, please follow [CDC guidance on how to reduce the risk of spreading your illness to others](#). People who are mildly ill with COVID-19 are able to [isolate at home during their illness](#).
- If you have been in China or another affected area or have been exposed to someone sick with COVID-19 in the last 14 days, you will face [some limitations on your movement and activity](#). [Please follow instructions during this time](#). Your cooperation is integral to the ongoing public health response to try to slow spread of this virus.

For more information please visit the Coronavirus Disease 2019 Outbreak Page at:
www.cdc.gov/coronavirus.